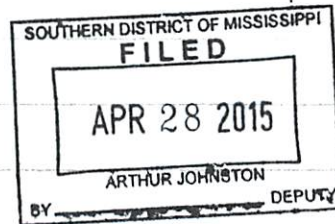


IN THE UNITED STATES DISTRICT
COURT FOR THE SOUTHERN DISTRICT OF
MISSISSIPPI

COMPLAINT

CRY 23439
(LAST NAME) (Identification #)CEDRIC
(FIRST NAME) (MIDDLE NAME)H.C.D.C (Raymond)
(INSTITUTION)Cedric Cuy 1450 County Farm Rd. Raymond, Ms. 39154
(Address) ENTER Above the full name of the
plaintiff, prisoner and address of plaintiff in actionCIVIL ACTION NUMBER: 3:15cv 318-DPJ-FKB
(TO BE Completed by the Court)

V.

Sheriff Tyrone Lewis, Warden P. TaylorSgt. B. DilliardLt. Scotty MooreCapt. David Redd

(ENTER FULL NAME Defendants in action)

GENERAL INFORMATION

A. AT the time of the incident complained of in this Complaint,
Were you incarcerated? YES (☒) NO (☐)B. ARE you presently incarcerated? YES (☒) NO (☐)C. At the time of the incident complained of this complaint, were
you incarcerated because you had been convicted of a crime?
YES (☐) NO (☒)D. Are you presently incarcerated for a parole or probation violation?
YES (☒) NO (☐)E. At the time of the incident complained of in this Complaint,
Were you an inmate of the Mississippi Department of Corrections
(MDOC)? YES (☒) NO (☐)

F. ARE you currently an inmate of the MISSISSIPPI Department of Corrections (MDOC)? YES (✓) NO ()

PARTIES

I. Name of plaintiff: Cedric Cray Prisoner Number: 2-
Address: 1450 County Farm Rd. Cell 5111
Raymond, Ms. 39154

II. Defendant: Tyrone Lewis is employed as
Sheriff at H.C.S.C (Raymond)

PLAINTIFF:

NAME:

CEDRIC Cray

Address:

1450 County Farm Rd.
Raymond, Ms. 39154

DEFENDANT(S):

NAME:

Tyrone Lewis

Warden P. Taylor

Capt. David Redd

Lt. Scotty Moore

Sgt. R. Billiard

Address:

H.C.S.C

H.C.S.C

H.C.S.C

H.C.S.C

H.C.S.C

OTHER LAWSUITS FILED BY PLAINTIFF

NOTICE AND WARNING

The plaintiff must fully complete the following questions. Failure to do so may result in your case being dismissed.

- A. Have you ever filed any lawsuits in a court of the United States?
YES () NO (✓)
- B. If your answer to A is yes, complete the following information for each and every civil action and appeal filed by you. (If there is more than one action, complete the following information for the additional actions on the reverse of this page or additional sheet of paper.)

CASE Number 1.

1. Parties to the action: _____
2. Court (if federal court, name the district; if state court, name the county): _____
3. Docket Number: _____
4. Name of judge to whom case was assigned: _____
5. Disposition (for example: was the case dismissed? If so, what grounds? Was it appealed? Is it still pending?) _____

CASE Number 2.

1. Parties to the action: _____
2. Court (if federal court, name the district; if state court, name the county): _____
3. Docket Number: _____
4. Name of judge to whom case was assigned: _____
5. Disposition (for example: was the case dismissed? If so, what grounds? Was it appealed? Is it still pending?) _____

STATEMENT OF CLAIM

III. State here as briefly as possible the facts of your case. Describe how each defendant is involved. Also, include the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of different claims, number and set forth each claim in a separate paragraph. (USE as much space as you need; attach extra sheets if necessary).

on or about Jan. 27, 2015. I Cedric Gray was being transferred to one of the pods from Booking at which time I informed Capt. Redd, Sgt. Dilligard, and Lt. Moore that I was not suppose to be housed in this facility because of a stabbing that cause me to loose my sight in my right eye. At this time, Lt. Moore grabbed me and started choking me -

- Cont -

cont. - till I nearly passed out then he ran my head into the wall. Capt. Redd, then hit me in my mouth and broke my left front tooth. Sgt. Dilliard watch this incident occur and did nothing to stop it. After this incident, I was escorted to medical. From this incident, I sustained a broken tooth, permanent blindness in one eye and barely have vision in the other. I also suffer from back pain. -End of Claim-

RELIEF

IV. State what relief you seek from the court. Make no legal arguments. Cite no cases or statutes.

I ask this Honorable Court to grant that these deputies be relieved of their jobs as Hinds County Deputies and, that I be awarded 2 million dollars for compensatory, emotional, and punitive damages. Also for pain and suffering.

Signed this 27th day of April,
2015.

I declare (or certify, verify or state) under penalty of perjury that the foregoing is true and correct.

Cedric Cruz

Signature of Plaintiff